New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 31 – NUMBER 7 APRIL 1978

Mr. Lee goes to Washington

Nearly 100 Massachusetts representatives went to Washington, D.C. early in February. They were there for the annual call upon the Congress and to take part in legislative meetings conducted by the American Hospital Association's legislative liaison program.

Leading the delegation of Massachusetts hospital representatives, which included chief executive officers, trustees, auxilians and various executive personnel, was Deaconess Director Richard E. Lee, who is also chairman of the Massachusetts Hospital Association.

The annual visits permit hospital people to come face to face with their elected representatives and to communicate 'real world' facts about patient care, patient expectations and public demand," said MHA President David M. Kinzer.

According to Kinzer, the major topic of discussion was the cost of hospital care, with everyone trying to come to grips with a solution. He sensed a lack of consensus in Congress about an equitable legislative approach, and much confusion over those already suggested.

At the same time, hospitals across the nation have pledged cooperation with a program of voluntary cost containment, which came into being because of joint efforts by the American Hospital Association, the American Medical Association and the Federation of American Hospitals. The Deaconess is actively engaged in cost-containment efforts through the recently formed cost containment committee.

The difficulty for states with extensive regulation, such as Massachusetts, lies in the fact that already they are below a 10 percent average rate of increase in expenditures, which is what the national voluntary program seeks ultimately in all states. The heavily-regulated states doubt they can stand much more reduction of expenditures without seriously jeopardizing the scope and quality of patient services.

National Health Insurance, Kinzer felt, remains a matter for the future, and its enactment depends upon many factors, most of which pertain to the economic health of the nation.

Spring is with us at last, and taking advantage of one of the first days warm enough to eat lunch outside are (l. - r.) Monica Purcell, Harris Hall receptionist; Larry Kinsman, library assistant; Debbie Pothier, radiation therapy nurse; and Perryn Lyon, medical secretary.

What Americans really think about their health care

Judging from the amount of space devoted to the subject in newspapers and magazines, to say nothing of television debates and documentaries, one could easily conclude that there existed a negative public attitude towards health care. Precisely the opposite is the case.

A recent survey conducted by the American Council of Life Insurance and Health Insurance Institute found that 82 percent of those surveyed said they were satisfied with the health care they received. Only 4 percent said they were very dissatisfied.

"82% said they were satisfied"

A January Gallup poll asked respondents to rate nine major societal institutions according to the degree of confidence they had in each. The result: medicine won, with 73 percent saying that they had the most confidence in this institution, compared to 64 percent for the church, and 57 percent for the military. Public schools were voted fourth, then the Supreme Court, free enterprise, Congress, organized labor, and big business, in that order.

Dr. Mathew Greenwald, Director of the Social Research Services, American Council of Life Insurance and Health Insurance Institute, used this evidence in a recent presentation to conclude that "there is a large reservoir of good will toward the health care system; but," he added, "there is a force that is tapping that reservoir and this could lead to basic changes in the system. And that, of course, is rising cost."

Dr. Greenwald cited an Opinion Research Corporation survey which

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CPE students learn to confront patient crises

"We missed 47 years by one day," said the tearful Ft. Lauderdale man whose wife had died the day before their wedding anniversary. Father Robert Struminski, chaplain intern in the Deaconess CPE (Clinical Pastoral Education) program, was able to comfort the grieving husband simply by being present and listening. "Sometimes that approach works best," Father Struminski says.

"But it's like walking on eggshells. When the beeper goes off, my anxiety level rises 400 percent because I never know what's waiting at the other end." Like mediating forgiveness – as he did to one guilt-stricken elderly lady who couldn't get to the Deaconess before her sister died of a stroke.

How did Bob Struminski become part of the Deaconess CPE program? Formerly a teacher at Notre Dame High School in Harper Woods, Michigan, Bob decided to embark on a second career. He wanted to work with adults and felt that chaplaincy training

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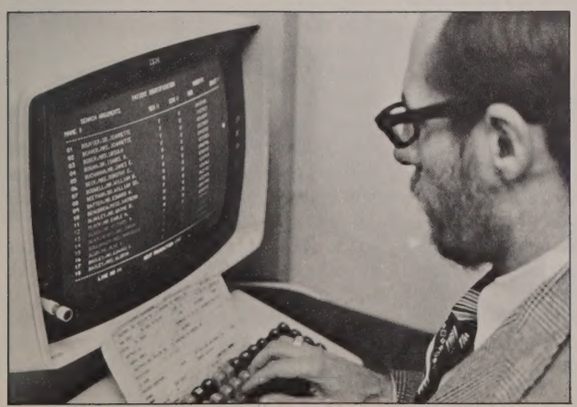

Gary Tharp, assistant director of medical records, transfers patient information from index cards into the computer's memory bank.

Computer terminal installed in medical records

System to expand

The first phase of a comprehensive, computerized patient information storage and retrieval system began operating here March 20.

Medical records received the first terminal (a video screen and keyboard) which it is using to store basic demographic information. This information, which does not include clinical data, was previously stored on file cards. The primary purpose of the index is to help identify the patient, and most importantly his medical records number.

"The new system will facilitate access to patient identifications and cut down on errors such as duplicate records," said Gary Tharp, assistant director of medical records.

In addition to recording current patient information, Mr. Tharp and the department's staff have pulled the index cards representing ad-

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Garage construction begins

On April 4, the Dimeo Construction Company started moving its equipment onto the site of the new $1.7 million Pilgrim Road Garage extension. The facility, slated for completion in December, will add 345 parking spaces bringing total capacity to 750.

CPE students . . .

(continued from front page)

would bring him deep involvement with people and allow him to confront intense human issues.

Of his relationship with Deaconess patients Bob says: "In a crisis situation I let the patient bring up an issue, I follow his or her lead, and give the needed response. Sometimes it's providing something steady for the patient to relate to. Sometimes it's prayer . . . or a discussion of the Panama Canal treaty . . . or a conversation about the weather."

One drawback to hospital chaplaincy, Father Struminski notes, is its lack of certainty and feedback. "You comfort these people, and then they just fall out of your life," he says wistfully.

Another Deaconess CPE student, the Rev. Roberta Bressler, will graduate from Boston University School of Theology in June. Although Roberta's previous vocation of occupational therapy was rewarding, she feels the ministry will allow her to focus on the *whole* person – the physical *and* spiritual aspects of life.

From her CPE experience Roberta particularly wanted to gain the ability to work with patients facing death, for, as she says, "Death is an important part of living. Every time you deal with death," she continues, "you have to deal with your own mortality." Although Roberta finds that ministering care and concern comes naturally for her during her interaction with patients, "afterwards you feel helpless – you want to do more."

Ms. Bressler feels that women are changing the ministry and that some of the imminent changes in the church will result from women's unique contributions to, and expressions of, the ministerial role.

Chaplain William Schuster, who, along with Chaplain Guy Steele, supervises the CPE program at the Deaconess, finds that the hospital experience is often initially traumatic for pastoral students. "Encountering severely sick patients provokes an encounter with self, with the security systems we've all developed. The students glimpse what it means to be mortal and finite. Someone with a real face and name is dying and there's nothing they can do to stop the process."

"Death is an important part of living . . . you have to deal with your own mortality."

Chaplain Schuster also notes that CPE students experience tension as they adjust to the symbolic dimension of the ministerial role. "Being God's representative and administering sacraments is a weighty responsibility," he says.

Father Bob Struminski comforts out-of-state patient recovering from a major operation.

In addition to providing the time and setting for patient contact, the CPE program includes seminars and discussions of pastoral care topics, interpersonal relationship groups, worship services, and individual supervisory conferences. Each CPE student also presents a written record of an interaction between patient and 'pastor' for group response and analysis.

Nine students ranging in religious affiliation from Ethiopian Orthodox to Roman Catholic to United Methodist currently constitute the Deaconess CPE program.

Originated in 1974 by Administrative Assistant Martin Cernek, then director of pastoral services, the Deaconess chapter of the national CPE program has seen a total of 77 students attain certificates for completing a unit of training. Most have been seminarians, principally from Episcopal Divinity School in Cambridge, Boston University School of Theology, and Harvard Divinity School.

Americans give health care top rating . . .

(continued from front page)

shows that 50 percent of the public consider the cost of their medical care 'far too expensive' and another 22 percent consider it 'somewhat expensive.' Only 16 percent say these costs are about right, and 8 percent say medical care costs are a bargain.

But cost, Dr. Greenwald asserted, is not the main problem. "It is the way costs are rising and the expectation that they will continue to rise. Rising costs are viewed as the most serious problem in the nation's health care system," he said, citing survey results in which 78 percent responded that 'the cost of hospitals is rising too fast,' 71 percent said 'doctors' fees are rising too fast,' and 66 percent felt 'the cost of medicine is rising too fast.' "

Another aspect of the survey dealt with how much control respondents felt they had over their own health. Surprisingly, 58 percent said they have a great deal of control, while only 6 percent felt they have little control. The survey showed that Americans feel more control, over their own health than they do over saving money, preparing for retirement and most everything else. Yet only 21 percent said they take excellent care of themselves, while 24 percent said they take fair or poor care of themselves.

Dr. Greenwald used these statistics to show that "we are on the verge of a major change in self-care that will act as a partial solution to the health care system's problems." He said that among enlightened segments of the population there is a new concern with health and an expanded interest in exercise, diet and nutrition.

Dr. Greenwald said that the American Council of Life Insurance and the Health Insurance Institute have already started programs to encourage and motivate Americans to take better care of their health. He added: "We believe that health education and health enhancement programs can lead not only to a much healthier American, but to a more efficient and less costly health care system, as well."

computer . . .

(continued from front page)

missions over the past five years and are feeding this data into the computer's memory bank.

"We find most readmissions occur within five years, but we'll still have to keep the card index to check those who don't fall into this category," Mr. Tharp said.

The computer itself is located in the data processing department, and as the system is developed, terminals will be installed in other departments designed to handle their own particular needs. The booking office, patient service, and out-patient billing are scheduled to receive terminals in the near future.

Through equipment design and the use of codes, it will be impossible for one department to gain direct access to another department's section of the memory bank.

"We have the ability," said Gene Gallagher, manager of data processing, "to control through the programming which terminal has access to what data. Each person authorized to use the equipment will have a sign-on key."

But because a central goal of the system is to eliminate duplication of information, certain departments will have access to particular data collected by another. This will result in much faster admitting and discharge procedures since the patient need only give necessary information once. Complementing this streamlining will be the computer's ability to print out an admitting form in a few seconds.

When the booking office receives its equipment, the pressing of a few keys will produce a visual display of the bed status on each floor, again replacing a card index file now used for that purpose.

"The main thrust is to have a common data base," Mr. Gallagher said, explaining that the equipment is flexible enough to perform many different functions, such as abstracting statistical data, as the hospital's needs and priorities are determined.

"Our ability to adapt the system to a variety of uses, using the centralized data bank, is almost unlimited," said Associate Director Peter Campisano.

The Deaconess wishes you well

National Hospital Week
May 7-13, 1978

Dr. Marble honored at surprise dinner

Dr. Alexander Marble, president emeritus of the Joslin Diabetes Foundation, was surprised to learn he was the honored guest at a dinner held at the Harvard Club on Wednesday evening, March 29. The dinner, so far as Dr. Marble knew, was an annual event featuring the Fifth Joslin Visiting Physician, Dr. Albert Renold of Switzerland, former director of the Elliot P. Joslin Research Laboratory.

More than 200 people were on hand for the surprise tribute to Dr. Marble. Dr. Leo P. Krall coordinated the planning and acted as master of ceremonies. He introduced speakers who represented different segments of Dr. Marble's professional life: Dr. Robert F. Bradley, Jr., current president of the foundation; Dr. A. Richard Christlieb, medical director of the Joslin Clinic; Dr. James L. Tullis, chairman of the department of medicine at the New England Deaconess Hospital; Dr. George F. Thorn, speaking for Harvard Medical School where Dr. Marble is Professor of Medicine Emeritus and Dr. Fred W. Whitehouse of Detroit, who represented the hundreds of former fellows and residents whom Dr. Marble influenced over so many years.

The consistent theme through the speeches was Dr. Marble's honesty, integrity, patience, and most of all, his great personal concern for his patients.

In the audience sharing the pleasure of the evening were Beula Marble, Dr. Marble's wife; Mrs. Betsy Hartwell, their daughter; grandson Richard; many former residents and fellows of the Joslin Clinic; friends from the military service; and numerous business and professional friends, including Dr. Albert Renold.

Dr. Renold, guest speaker, who was introduced by Dr. Marble, told the audience of his unusual opportunity to study the epidemiology of diabetes in French Polynesia assisted by his son. Dr. Renold's speech culminated a week of conferences and rounds with members of both the foundation and the hospital.

Putting health-care costs in perspective: AHA campaign seeks to educate public

In November, The American Hospital Association embarked on its first national print advertising campaign with the goal of putting hospitals back into perspective for the American public.

The following has appeared in the Wall Street Journal, New York Times *and* Washington Post. *It is being reprinted in the* Pulse *in two parts. This is the second of the two-part series, the first half of which appeared in March.*

The high cost of hospitalization is not so easy to do anything about. For hospitals themselves have no control over the costs of inflation, regulation and increasing demand. (And one hospital, Yale - New Haven, estimates that these elements account for 70 percent of its total costs!)

There is, however, an element of health-care expense which we can control – and continue to improve.

Innovation – the improvement and advancement of care, service, and life-maintaining technology. This is why the cost of today's health care cannot be realistically compared with the costs of twenty, thirty and fifty years ago. Today's hospital intensive care units save 100,00 lives a year . . . the recovery rate from our most common killer – heart attack – has increased from less than 50 percent in 1940 to over 85 percent today . . . life expectancy has increased from 63 in 1940 to 72.5 years today. Twenty-five years ago radiotherapy, chemotherapy, hemodialysis, many surgical and orthopedic procedures, even "pacemakers" didn't even exist. And hospital technology and research is working twenty-four hours everyday to make cancer nothing more than a sign of the zodiac.

Better care, better health, longer life: is it worth the cost?

Is it worth 70¢ a day? . . . because that's all per capita hospital costs in America come to. That's about $255 a year – less than what it costs a wage earner for Social Security taxes, less than 1/3 of his income taxes, and less than the average American family spends on maintenance and fuel for its car.

It's true in 1925 the average hospital stay cost less than $60, but at that time the average life expectancy was under 60.

What can be done to control the health care cost spiral?

Who's to blame for increasing hospital costs? Everyone: the public, government, labor, management, insurance companies, the medical profession and our hospitals. Here's what the hospitals are doing about it: supporting and expanding those programs which have proved effective in reducing hospital stays: increasing out-patient services and care; working toward more "shared services"; working closely with state Professional Standards Review organizations (PSROS) to cut and control costs without jeopardizing patient care and service.

"Today's hospital intensive care units save 100,000 lives a year . . ."

Unfortunately there is no easy answer. You can't put a ceiling on income without putting a ceiling on care. For the only realistic way to cut hospital expenses is to cut health-care services. We don't know which services to reduce or eliminate. And the Administration, Congress, labor unions, employers, insurance companies and the public don't know which to eliminate either.

We do know we must work together . . . a "cure-all" cannot be legislated. We believe that any government action which will impair hospital care would be contrary to the interest of most Americans – and any government action proposed or considered must enable us to continue to improve and expand the health care America demands and deserves. For if any other "solution" is imposed, some of us might not be here to see the results.

phone
HELP CUT OUR COSTS PLAY HOSPITAL BINGO EVENINGS 8 PM
FEEDING TIME 4 PM
PLEASE MAKE YOUR BED & MOP FLOOR BEFORE VISITING HOURS
NURSE
SAVE YOUR LINT FOR SWABS
SLEEPING BAGS AIRED FIRST OF MONTH
BEDPANS EMPTIED THURSDAY
MOTEL 6
HEFTY OXYGEN TENTS
POCKET TONGUE DEPRESSORS
HOW TO CHANGE YOUR OWN BANDAGES
TREIBERG ALBUQUERQUE JOURNAL

"Cheer up—we're keeping our charges within the government ceilings!"

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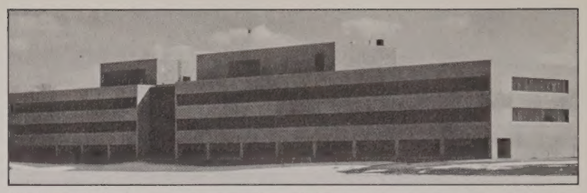

Mallinckrodt, Inc., a St. Louis-based drug and chemical company, has dedicated its new pharmaceutical research and development laboratories to Dr. Shields Warren, NEDH's pathologist-in-chief emeritus. This new honor represents the third building to be named for Dr. Warren. In addition to the Shields Warren Radiation Laboratories here at the Deaconess, a dormitory tower at Boston University also bears his name. Dr. Warren has served on Mallinkrodt's board of directors since 1965.

Robert MacDonald named Internal Audit Manager

Mr. MacDonald

Robert MacDonald, CPA, was recently appointed Internal Audit Manager. In addition to reviewing and evaluating the hospital's accounting policies, systems and procedures, he will serve as staff support to the Trustee's Audit Committee.

"I examine any and all procedures in the hospital that relate to the processing of financial information and to management reporting," Mr. MacDonald said. He explained that his primary objective was to develop and utilize audit procedures designed to verify that the information used by all levels of management is accurate and has an adequate, well-founded basis.

"I verify that management is receiving the information they need in a form they can best use to run the hospital in the most cost-effective manner," he added.

Mr. MacDonald served for several years as internal auditor at Children's Hospital, and prior to that was with a certified public accounting firm. He received his B.A. in business administration from Northeastern University.

NEW ENGLAND DEACONESS HOSPITAL NIGHT

AT THE

POPS

Symphony Hall, Wednesday, June 7, 1978

AT 8:00 O'CLOCK

ARTHUR FIEDLER, Conductor

SPONSORED BY "FRIENDS OF THE DEACONESS"

Continuing a 30-year-old tradition of raising money for the School of Nursing Scholarship Fund, the Friends of the Deaconess once again will sponsor a night at the Pops on Wednesday, June 7.

Here is a chance to hear the world famous Pops and spend a fun evening with fellow members of the Deaconess family while helping future nursing students.

This special occasion has been so popular in the past that to assure seats, we urge reservations be made early.

Enclosed please find $..... for ..... tables seats for Pops Concert, Wednesday, June 7.

Name .....

Address .....

Patrons	Preferred Seating	$75.00 per table
Rows B-P	$60.00 per table of five	Single seats $12.00
Rows A, Q-U	$50.00 per table of five	Single seats $10.00

I CANNOT COME, BUT ENCLOSE MY CONTRIBUTION OF $.....

Benefit School of Nursing Scholarships — deductible for income tax purposes.

DEADLINE MAY 10

Please Make Checks Payable to Friends of the Deaconess Pops and Enclose a Self-Addressed Stamped Envelope.

Detach and Mail to:

Mrs. Leo P. Krall, 45 River Glen Rd., Wellesley Hills, Ma. 02181

Service Awards coffee hour honors 37 employees

Laurens MacLure, president, and Peter Campisano, associate director, officiated at service award ceremonies held in the Harris Hall living room March 27. Awards were presented to 17 employees with more than five years of service.

Twenty others also received awards but were unable to accept them in person. A list of award recipients not present at the ceremonies follows:

Five-year service award recipients:
George C. Downs
Mail Service
Alvin O. Russell
Building Services
A. Ernest Hartel, Jr.
Chemistry Lab
Francisco Muriel
Dietary
Robert J. Terrano
Dietary
Hazel M. Stevens
Dietary
Philip J. Moore
Heart Station
Charlotte A. Clive
Intensive Care Unit
Robert J. Mosey
Nursing
Ruth C. Carrington
Nursing
Amelia M. Gerardi
Nursing
Susan R. Bolan
Nursing
Joyce R. Francis
Observation Unit

Ten-year service award recipients:
Maisie B. Brangman
Ambulatory Services
Gilbert Medeiros
I. V. Therapy
Edelmire Torres
Laundry
Ann M. Downs
Print Room

Fifteen-year service award recipients:
Alfred Bonaccorsi
Engineering & Maintenance
Felicita Patino
I. V. Therapy
M. Eleanor Clapp
Public Relations

Five-year award recipients: (back row, l.-r.) Louise A. Taylor, chemistry lab; Thomas J. Lane, diagnostic radiology; Alice M. Siders, nursing; Cheryl E. Mason, dietary; Alan E. Kelson, engineering and maintenance; Anthony P. Fortes, dietary; Leone Manfredi, building services – (sitting, l.-r.) Jane Brada, dietary; Rosemary P. Bambrick, dietary; Barbara E. Green, Cancer Research Institute; Sylvia L. Gravely, observation unit.

Ramon Gonzales and Juanita R. Gonzales, both from the laundry, are congratulated by Peter Campisano, associate director (l.), and Laurens MacLure, president (r.), on receiving their 25-year service award pins.

Mr. Campisano and Mr. MacLure congratulate Charles F. Schraub on 35 years of service in the hospital's pharmacy.

Mary Trumble, (l.), who has served for 10 years in the development office; Harold Marcott, 15 years with building services; and Lillian R. Torriere, 15 years on the information desk, are congratulated by Mr. Campisano and Mr. MacLure.

New England Deaconess Hospital
185 Pilgrim Road
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pulse

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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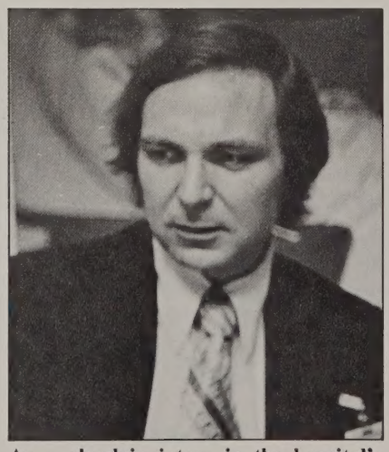

As a chaplain intern in the hospital's Clinical Pastoral Education program, Father Bob Struminski daily confronts patients caught in emotional strife – see front page.

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